APR 26 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
13077
3A

1. PLACE OF DEATH
County Pulaski — Registration District No. 714 — File No.
Township Piney — Primary Registration District No. 5943 — Registered No. 5
City Big Piney, Mo. (No. ..., ... St. ... Ward)

2. FULL NAME Mary Dial
(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John M Dial

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-23-1848

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
88	3	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) not certain
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

FATHER
13. NAME James McCauley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT James H. Dial
(ADDRESS) Big Piney, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dixon, Mo. DATE 3-6-1937

19. UNDERTAKER Fred H. Gilbert
(ADDRESS) Dixon, Mo

20. FILED 4-7-1937 S. G. Koonce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 5, 1937, to Mar. 5, 1937
I last saw her alive on Mar 5, 1937. Death is said to have occurred on the date stated above, at 8:10 p.m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis — Date of onset Mar. 5, 1937
(3)

Other contributory causes of importance:
Cardio-Vascular Renal disease — 1926

Name of operation none — Date of ...
What test confirmed diagnosis? none — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no — Date of injury 0, 19...
Where did injury occur? 0 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) C. W. Wallace, M. D.
(Address) Crocker, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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